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The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Office of Emergency Medical Services

2 Boylston Street, 3rd Floor

Boston, MA 02116

(617) 753-7300

Fax: (617) 753-7320

ADVISORY

TO: MA Licensed Ambulances Services
EMCAB Members
Accredited EMS Training Institutions
Instructor/Coordinators
Examiners
FROM: Abdullah Rehayem, Acting Director
RE: Elevating Wheeled Cot Safety Practices
DATE: November 30, 2006

The Department has received multiple reports of patients on elevating wheeled ambulance cots being dropped or tipped over. Several of these incidents have resulted in patient and/or staff injuries. Although the causes and effects are varied, ambulance services can decrease the number of these incidents and mitigate harmful effects by instituting proactive safety measures.

Please ensure that your ambulance service puts in place the following safety enhancement measures:

1. Written policies and procedures for the proper operations, inspection, maintenance and supervision of elevating wheeled cots;
2. Orientation training and annual refresher training for EMTs and supervisors, incorporating pertinent ambulance service policies and procedures and manufacturers' safety recommendations;
3. Careful documentation of training, inspection, maintenance and supervisory activities;
4. Maintenance of all elevating wheeled cots, related systems and accessories in accordance with manufacturers' specifications;
5. Ensuring your EMTs use required cot restraint straps to provide both transverse and longitudinal patient protection. Straps are required at patient's knees, hips, chest and over shoulders (shoulder straps must be tethered together at cot frame);
6. Ensuring your EMTs select lower or mid range cot elevated positions. This practice increases stability and provides for a lower center of gravity. Please note that all cot manufacturers supply cot handle extensions and straps to enable EMTs to walk upright while pulling or pushing the cot. Higher cot elevated positions and cot loading positions

should be restricted to special circumstances and ambulance loading/unloading evolutions.

7. Ensuring your EMTs are mindful that when they use newer model cots, these cots roll easier and faster than older models. Heavier patients coupled with a heavier model cot that rolls easier means that a cot may be more likely to tip over when meeting an uneven surface or object, and especially during a sudden turn.
8. Ensuring your EMTs limit equipment carried on the cot. When the carrying of equipment is essential and unavoidable, the cot must be positioned at its lowest practical position. Both EMTs should always keep both hands on the cot frame, handles and straps at all times when moving the cot.
9. Ensuring that when your EMTs transport a heavy patient, the cot is positioned at its lowest practical position. Instituting a supervisory system designed to assess and monitor cot safety practices.
10. Instituting a supervisory system designed to assess and monitor cot safety practices, incorporating use of the Administrative Check List tool, below, to assist you.
11. Filing with the U.S. Food and Drug Administration a "Medical Devices Report" and with DPH/OEMS a "Serious Incident and Accident Reports" when and as required. See the FDA website, at www.fda.gov and the DPH/OEMS website, at www.mass.gov/dph/oems for forms and details.

If you have questions, please contact me at (617) 753-7300. Thank you for your assistance in improving the safety of EMS patients in Massachusetts.

Administrative Check List

1. Institute policies and procedures addressing elevating cot safety practices:
☐ Proper operations ☐ Inspection ☐ Maintenance ☐ Inspection
☐ Supervision
2. Provide cot safety training:
☐ Orientation training ☐ Annual refresher training for EMTs and supervisors
3. Documentation of related activities:
☐ Training ☐ Inspection ☐ Maintenance ☐ Supervisory activities
4. Institute a maintenance system of cots and related systems. ☐
5. Institute oversight systems to ensure:
☐ Proper use of required patient restraining straps,
☐ Cot positioned in mid or lower ranges when transporting patients,
☐ Limitations on carrying medical equipment on cots.
6. Institute a supervisory system designed to assess and monitor cot safety practices. ☐
7. Institute policies that initiates the filing of "Medical Devices Reports" and " Serious Incident and Accident Reports". ☐